

County of Los Angeles – Department of Mental Health
Service Area 3

Quality Improvement Committee Meeting

March 20, 2013

9:30 – 11:30 am

AGENDA

- | | | |
|----|---------------------------|-------------------|
| I | Welcome and Introductions | Bertrand Levesque |
| II | Review of the Minutes | Bertrand Levesque |

Quality Improvement

- | | | |
|------|---------------------------------------|-------------------|
| I | Cultural Competency | Gassia Ekizian |
| II | Office Medical Director - Peer Review | Gassia Ekizian |
| III | Client Congress | Gassia Ekizian |
| IV | Client Leadership | Gassia Ekizian |
| V | QI System Review | Gassia Ekizian |
| VI | CAEQRO | Gassia Ekizian |
| VII | QI Work Plan | Mary Crosby |
| VIII | The Warmline | Bertrand Levesque |

Quality Assurance Liaison Meeting

- | | | |
|-----|------------------------------------|-------------------|
| I | Basic Documentation Training | Robin Washington |
| II | IBHIS | Bertrand Levesque |
| III | Senate Bill No 1407 - Bulletin | Gassia Ekizian |
| IV | Revision – Procedure Code Bulletin | Bertrand Levesque |
| V | LPCC – Approved | Bertrand Levesque |

Other Issues

- | | | |
|-----|---|---|
| I | Beneficiary Access Service Request Logs | Bertrand Levesque |
| II | Audit Feedback | Bertrand Levesque &
Robin Washington |
| III | DSM V and the ICD10 | Bertrand Levesque |
| IV | Group Documentation | Bertrand Levesque |
| V | Announcement | Members |
| VI | Sign-In Sheet Reminder | Bertrand Levesque |
| VII | Adjournment | Bertrand Levesque |

**Next Meeting: April 17, 2013 @Enki, 3208 Rosemead Blvd,
2nd Floor, El Monte, Ca. 91731**

PLEASE PARK AT THE LOWER LEVEL – PARKING LOT

COUNTY OF LOS ANGELES- DEPARTMENT OF MENTAL HEALTH

Service Area 3

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Misty Aronoff	ALMA	Ari Winata	Hillsides
Gloria Santos	Almansor MH	Lauren Strine	Homes for Life Found.
Makan Emadi	Arcadia MH	Poonam Natha	Leroy Haynes Center
Fernando Reyes	Bienvenidos	Barbara Negron	Leroy Haynes Center
Lucia Lopez-Plunkett	Bienvenidos	Mary CiFuentes	Maryvale
Hanh Truong	Crittenton	Joshua Epstein	Maryvale
Paula Randle	David & Margaret	Gabriela Rhodes	MCKINLEY
Bertrand Levesque	DMH	Claudia Williams	Prototypes I-Can
Claudia Fierro	DMH	Judy Law	PUSD
Greg Tchakmakjian	DMH	Rebecca deKeyser	San Gabriel Children's
Mary Crosby	DMH	Stephanie Sullivan	Social Model Recovery
Brenda Washington	DMH	Rose Kosyan	SPIRITT
Elizabeth Townsend	DMH	Stephanie Schneider	The Family Center
Michelle Hernandez	ENKI	Elizabeth Owens	Tri-City MH
Windy Luna-Perez	Etti Lee Homes	Natalie Majors	Tri-City MH
Cammie Jones	Five Acres	Luis Garcia	Tri-City MH
Gassia Ekizian	Foothill Family	Jason Herrera	Trinity
Stella Tam	Heritage Clinic		

WELCOME

Bertrand Levesque welcomed the group followed by self-introductions.

REVIEW OF THE MINUTES

The minutes were reviewed and accepted with one change. Correction: *Implementation Electronic Prescription* – IBHIS has not replaced the IS system. The minutes were accepted by Robin Washington and second by Rebecca deKeyser.

Bertrand briefly opened the floor for agencies to discuss their QA process.

Maryvale – Review charts using DMH audit tool. Train staff; highlight state audit outcomes. Track chart reviews; reminders of paperwork due are sent out. At year end, review what was turned in; what remains outstanding; look at trends (percentage of charts turned in late). QA is always in communication with supervisors.

ETTI Lee Homes: Utilizes an Access Database where new clients are entered and populated. There is a separate area for audits. Audits are conducted at 30-day, 60-day and annual intervals using peer reviews. Reports are run from IS to match claims entered in database.

QUALITY IMPROVMENT – Gassia Ekizian

Cultural Competency

Meetings are 2nd Wednesday of each month

Next meeting April 10, 1:30 – 3:30

695 S. Vermont Avenue, 15th Floor Glass Conference Room

Contact: Sandra Chang-Ptasinski - (213) 251-6815 - SChang@dmh.lacounty.gov

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A goal of Cultural Competency is to have all Service Areas represented. Currently there is no SPA3 representation.

OFFICE OF THE MEDICAL DIRECTOR

Peer Review results- Outpatient Med Review often does not have current medications and is often not resigned annually.

Client Congress

Goal is to get all users in the county to have a place to come and be heard. Client Congress advisory board meeting will be April 8-9, 1:00 p.m. – 3:30 p.m. On June 28th, consumers and professionals will come together to vote on the issues that will be worked on for the next three years.

Client Leadership

This is a day-long training on how to make effective changes. Clients are asked to volunteer with DMH after 4 months. Adult is currently full – openings in the TAY program.

14th Annual Hope and Recovery Conference – April 9th 8:30 a.m. – 4:00 p.m. This same conference is in Spanish. Free to clients and family members – capacity is 500 on first come first basis.

DMH Empowerment and Advocacy also does monthly news brief.

QI State System Review Feedback

Issues identified:

- Timelines to routine appointments. 4B Section 1, under Review Protocol. Recent policy of 30 days was not soon enough. Department will be required to do corrective action to the policy.
- Provider Directory – Cultural Competency piece will be added
- Recertification – out of compliance with recertification dates (overdue). In the future, Program Review will try to complete recerts the month before the due date. Program Review will give notice earlier.

CAEQRO

External quality review organization that comes out annually. Make sure all posters are up and agency QI Work Plan is available. Preparation review and documents scheduled for April 29th and 30th.

QI Work Plan

- Should be accessible to the auditors.
- Goal: serve the most hard to reach; socially isolated population. Increase quality; treatment and retention. Support recovery and resiliency. Capacity; accessibility; beneficiary satisfaction; monitor clinic care; monitor continuity of care. Increase retention; penetration of certain population (Latino; Asian Pacific Islander). Policy (105.1) to foster wellness and recovery done by the Work Plan.
- Training that will include families, providers and stake holders: Identify barriers to improve clinical practice in the service of delivery; increase access; increase PMRT (mobile access); responsiveness of the 24 hour access line.

The Warmline

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Free service by Didi Hirsch. Anybody that feels sad; lonely or needs to talk can call 855-952-WARM 10:00 p.m. to 6:00 a.m.

QUALITY ASSURANCE – Gassia Ekizian

Basic Documentation Training

See Handout for training schedule

IBHIS

In the past month, DMH has gathered all information from Directly Operated clinics. Agencies need to respond to requests from DMH. Taxonomy and NPI numbers must match; information from practitioners must match. All information must be in system by the end of August.

Senate Bill No 1407 – Bulletin

DCFS will be updating form 179 PHI (DCFS Release form) to indicate to staff when child is removed from home. Continuing to review the following:

- The provider's responsibility when a child is removed.
- What constitutes releasing PHI to parent?
- What constitutes Reunification services – is it sharing information for coordination of care?

Katie A Documentation and Claiming Manual

LA County will start a pilot with five agencies providing these services.

Revision – Procedure Code Bulletin

Changes have been discussed at previous QIC meetings. February 2013 is the most updated version. Review QA Bulletin No. 13-02, Revisions to *A Guide to Procedure Codes*.

LPCC

California has approved LPCC to be practiced. The license permits assessments and diagnosis with some limitations. More requirements need to be added to their scope of practice. DMH position has not changed. At this time, DMH will not hire a LPCC.

OTHER ISSUES

Beneficiary Access Service Request Logs

DMH QA will develop a Log (form) to capture standard information. Date of call, name of beneficiary and disposition are required elements. Agencies need to say why or what happened with the client. Information provided was vague and too short. Some agencies provided a different Log than was requested. If a client is referred out, indicate why and where? The State wants a narrative of what happened to the person that called.

Audit Feedback

Audit period was earlier than what was expected. 60% of cases were from Directly Operated clinics and twice as many claims were reviewed then three years ago. 2000 claims were reviewed – 550 claims were disallowed which equals 27%.

MAJOR ISSUES:

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- No white out and rewrite
- Intent as motivation – supervisors need to be doing supervision and is responsible for assessment content
- Medical Necessity was not met in many claims
- The qualifying diagnosis was not supported by the symptoms and was not sign by licensed staff
- Re-admission – there needs to be a new assessment; not just an addendum
- Poly substance is not an included diagnosis; must be linked to included diagnosis
- Consent for Medication – client name must be on every page; date and signatures included
- Name to be printed under the signature on each page
- Assessment must be updated
- Annual Assessment – no diagnosis on Annual Assessment

DAY TREATMENT and REHAB

- Treatment plans were not signed; missing treatment plans
- Adult assessment – not enough about the strengths
- Progress Notes – cut and paste; no daily notes; amount of time outside of program; cookie cutter notes

CCCP

- Very good overall
- Some were not signed and dated; must be there for entire year
- Goals were not individualized or updated
- Client signature missing
- Cycle dates – must follow policy
- Not specifying intervention
- Must document why the client refuses to sign
- Interventions not linked to Clinical Loop
- Frequency; wanted to see more

Progress Notes

- Clinical Loop not met
- Significant issues with Groups – what is expected; time was the problem and the number of clients; each group must show intervention and co-facilitator contribution.
- Treatment of substance abuse must be linked to the diagnosis – how the substance abuse impact clients life; how it impacts clients mental health;
- Progress notes – therapeutic, non-specific – reported what happened, but not what was done.
“Active listening” – what is that? “Checked in with client” – what does this look like?
- TCM and Rehabilitation didn’t meet medical necessity
- IS system and progress notes dates must match
- Adding the language of the session to every note – a cultural competency component
- Cutting and pasting; cookie cutter
- Claiming for supervision time
- Each note has to stand on its own

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DSM V and the ICD 10

Will all come together at the end of October 2014. No need to worry about private insurance and other organizations.

Group Documentation

QA bulletin was distributed that explained the proper billing and documentation of "Groups". Time put on the progress note is total time: Face-to-face + travel and documentation.

Announcement

Melody-Taylor Stark is no longer the QI Co-Chair. Melody was Co-Chair for several years and provided a wealth of knowledge and support. She will be greatly missed. Elizabeth Owens is the new QI Chair. We will be replacing the QIC Secretary position as Elizabeth steps into her new role.

Adjournment

Minutes recorded by: Elizabeth Owens
Quality Improvement Committee

Minutes approved by: Bertrand Levesque, Gassia Ekizian,
Quality Improvement Committee

Next Meeting:

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